

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 6478

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jacob Barile

Mailing Address 2826 Coachman Lakes Drive

City State Zip Code  
**Jacksonville FL 32246**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 0 3 / 2 0 0 7**

**Transaction ID: 47302323**

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jacob Barile

Mailing Address 2826 Coachman Lakes Drive

City State Zip Code  
**Jacksonville FL 32246**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 1 8 / 2 0 0 7**

**Transaction ID: 47362118**

Amount of Each Receipt this Period

540.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Roberto Barja

Mailing Address 754 W. Port Court

City State Zip Code  
**Augusta GA 30907**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 9 / 2 0 0 7**

**Transaction ID: 47404507**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

**665.00**

**TOTAL** This Period (last page this line number only) .....